

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S P	10/26	08.18.01
RESPONSE FORMALITY REVIEW	RE	907	7-28-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/17/01
2	✓	✓	10/17/01
3			
4	✓	✓	10/17/01
5			
6	✓	✓	10/17/01
7			
8	✓	✓	10/17/01
9			
10	✓	✓	10/17/01
11			
12	✓	✓	10/17/01
13			
14	✓	✓	10/17/01
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16	✓	✓	10/17/01
17	✓	✓	10/17/01
18	✓	✓	10/17/01
19	✓	✓	10/17/01
20	✓	✓	10/17/01
21	✓	✓	10/17/01
22	✓	✓	10/17/01
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45	✓	✓	10/17/01
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47	✓	✓	10/17/01
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Claim	Final	Original	Date
51	✓	✓	10/17/01
52	✓	✓	10/17/01
53	✓	✓	10/17/01
54	✓	✓	10/17/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/28/01

 BEST AVAILABLE COPY  
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